

IFW

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application No.	10/600,203
		Filing Date	June 20, 2003
		First Named Inventor	Grant M. Kloster
		Art Unit	2823
		Examiner Name	Khiem D Nguyen
Total Number of Pages in This Submission	20	Attorney Docket Number	42P17058

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Return Receipt Postcard</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jon C. Reali, Reg. No. 54,391 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	May 3, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Rachael L. Brown		
Signature		Date	May 3, 2005



# FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

## Complete if Known

Application Number	10/600,203
Filing Date	June 20, 2003
First Named Inventor	Grant M. Kloster
Examiner Name	Khiem D Nguyen
Art Unit	2823
Attorney Docket No.	42P17058

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): \_\_\_\_\_  
☐ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☐ Credit any overpayments

## FEE CALCULATION

### 1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
28	29*	0	\$0.00
5	5*	0	\$0.00
Multiple Dependent			
Large Entity	Small Entity		
Fee Code	Fee Code	Fee Description	
1202	2202	Claims in excess of 20	
1201	2201	Independent claims in excess of 3	
1203	2203	Multiple Dependent claim, if not paid	
1204	2204	**Reissue independent claims over original patent	
1205	2205	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1)		(\$)	0.00

\*\*or number previously paid, if greater. For Reissues, see below

### 2. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051		2051		Surcharge - late filing fee or oath	
1052		2052		Surcharge - late provisional filing fee or cover sheet.	
2053		2053		Non-English specification	
1251		2251		Extension for reply within first month	
1252		2252		Extension for reply within second month	
1253		2253		Extension for reply within third month	
1254		2254		Extension for reply within fourth month	
1255		2255		Extension for reply within fifth month	
1401		2401		Notice of Appeal	
1402		2402		Filing a brief in support of an appeal	
1403		2403		Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460		2460		Petitions to the Commissioner	
1807		1807		Processing fee under 37 CFR 1.17(q)	
1806		1806		Submission of Information Disclosure Stmt	
1809		1809		Filing a submission after final rejection (37 CFR § 1.129(a))	
1810		2810		For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify) _____					
SUBTOTAL (2)					(\$)

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Jon C. Reali	Registration No. (Attorney/Agent)	54,391	Telephone	(503) 439-8778
Signature				Date	05/03/05



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Kloster et al.

Examiner: Khiem D. Nguyen

Application No.: 10/600,203

Art Unit: 2823

Filed: June 20, 2003

For: METHOD OF FORMING A  
STACKED DEVICE FILLER

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE**

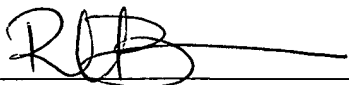
Dear Examiner:

Please enter the following amendments and consider the following remarks for the above referenced patent application.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

on 5/3/05  
Date of Deposit

Rachael L. Brown  
Name of Person Mailing Correspondence

 5/3/05  
Signature Date